

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR OPERATING DISCHARGE LAMPS BY MEANS OF A TRANSFORMER WITH FOUR WINDINGS, AND A CORRESPONDING METHOD
Attorney Docket Number::	02P15832
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3a
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: UWE
Middle Name::
Family Name:: LIESS
City of Residence:: MÜNCHEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: IMPLERSTR. 23

City of Mailing Address:: MÜNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81371

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: SIEGFRIED
Middle Name::
Family Name:: MAYER
City of Residence:: MOOSINNING
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: HERDEGENSTR.4

City of Mailing Address:: MOOSINNING
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 85452

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: HARALD
Middle Name::
Family Name:: SCHMITT
City of Residence:: MÜNCHEN
State or Province of
Residence::
Country of Residence:: GEMANY
Street of Mailing Address:: ERINGERSTR. 32

City of Mailing Address:: MÜNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GEMANY
Postal or Zip Code of Mailing Address:: 80689

Correspondence Information

Correspondence Customer Number:: 24,252
Name:: OSRAM SYLVANIA
Street of Mailing Address:: 100 Endicott Street
City of Mailing Address:: Danvers
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01923
Phone Number:: 978-777-1900
Fax Number::
E-Mail Address::

Representative Information

Representative Customer Number::	24,252
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	102 52 834.9	11/13/03	Yes

Assignment Information

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT
FÜR ELEKTRISCH GLÜHLAMPEN MBH
Street of Mailing Address:: Hellabrunner Str. 1

City of Mailing Address:: MÜNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81543